

Iowa Department of Transportation  
Purchasing Section  
Contract

Model Year 2017 Trucks, Vans and SUVs

Contract Number: 7162

This agreement is between the Iowa Department of Transportation,  
Operations & Finance Division, Ames, Iowa (hereinafter "Agency") and

BOB BROWN BUICK GMC  
of 1405 SE ORALABOR RD ANKENY, IA 50310 (hereinafter "Supplier")

1. In consideration of **One Million One Hundred Eighty Three Thousand One Hundred Five and 00/100 (\$1,183,105.00)** payable as set forth in the bid specifications. Supplier hereby agrees to furnish goods or services or both as herein specified, per bid proposal 17365, as let on OCTOBER 13, 2016 at the following agreed upon price(s) or rate(s):

<u>Item</u>	<u>Description</u>	<u>Qty</u>	<u>Unit Cost</u>	<u>Total Cost</u>
SMPU - A(O)	GMC Canyon Ext. Cab 4x2 Short Box, Orange Paint	44	\$22,711.00	\$999,284.00
HDPU - B	GMC Sierra 2500 Reg. Cab 4x4 Long Box	5	\$27,595.00	\$137,975.00
SUV - B	GMC Terrain AWD	2	\$22,923.00	\$45,846.00

2. The parties agree that the following documents shall be considered part of this contract:
  - a. Agency's bid proposal including standard terms and conditions dated OCTOBER 13, 2016
  - b. Supplier's bid response with attachments, if any;
  - c. Certificate of Insurance listing the Iowa Department of Transportation as additional insured, if required.
3. Contract period  
Begin Date: NOVEMBER 10, 2016  
End Date: NOVEMBER 9, 2017
4. Contract renewal options Yes X No       
Number of available renewals after the original contract period  
1 in 12 month increments.
5. The parties agree that time is of the essence of this contract and that it contains all of the terms and conditions agreed upon by them.
6. By executing the Contract the Supplier certifies it is either (a) registered with the Iowa Department of Revenue, collects, and remits Iowa sales and use taxes as required by Iowa Code chapter 423; or (b) not a "retailer" or a "retailer maintaining a place of business in this state" as those terms are defined in Iowa Code Section 423.1. The Supplier also acknowledges that the Agency may declare the contract void if the above certification is false. The Supplier also understands that fraudulent certification may result in the Agency or its representative filing for damages for breach of contract.

7. The parties agree that if Supplier fails to comply with the terms of this contract, Supplier shall pay Agency as liquidated damages and not as a penalty, the amount specified in the proposal instructions.
8. Additional terms; if any, N/A.

Supplier Contact Information

Contact person: Ron Floyd

Email: ron.floyd@bobbrownauto.com

Phone: 515-289-5911

Fax:

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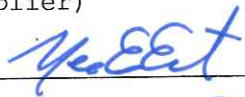
Agency Internal Coding - Cost Center: 755000      OBJ. 701      FUNC. 044

Bid Bond required N/A

BOB BROWN BUICK GMC

(Supplier)

By



Date

11-15-2016

Contract Number: 7162

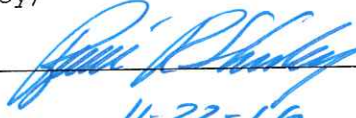
Iowa Department of Transportation

Operations & Finance Division

Renee R. Shirley, Director of Purchasing

(Agency)

By



Date

11-22-16



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/7/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## PRODUCER

Reynolds & Reynolds Inc.  
300 Walnut Street, Suite 200

Des Moines IA 50309-2262

## INSURED

Bob Brown Buick-GMC, Inc.  
1405 SE Oralabor Rd.

Ankeny IA 50021

CONTACT NAME: Kurt Strickler

PHONE (A/C, No, Ext): (515) 243-1724

FAX (A/C, No): (515) 243-6664

E-MAIL: k.a.strickler@reynolds-reynolds.com

ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Travelers Prop Cas Co America

25674

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

## COVERAGES

CERTIFICATE NUMBER: 16/17 All Lines \$1M Umb

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X	AD-4H504593	8/1/2016	8/1/2017	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
						MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
A	GEN'L AGGREGATE LIMIT APPLIES PER:	X	AD-4H504593	8/1/2016	8/1/2017	GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:					Employee Benefits Liability \$ 1,000,000
						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
A	AUTOMOBILE LIABILITY	X	AD-4H504593	8/1/2016	8/1/2017	BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					Medical payments \$ 5,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB	X	CUP-4H49632A	8/1/2016	8/1/2017	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000					AGGREGATE \$ 1,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	AD-4H504593	8/1/2016	8/1/2017	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
A	GarageKeepers Liability	X	AD-4H504593	8/1/2016	8/1/2017	Aggregate \$1,000,000
	Direct Primary					Deductible \$500/ \$500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

It is hereby agreed and understood that the State of Iowa and the Agency are named as additional insured, and that the coverage afforded to the State of Iowa and the Agency under this policy shall be primary insurance. If the State of Iowa or the Agency have other insurance which is applicable to a loss, such other insurance shall be on an excess, secondary or contingent basis. The amount of the insurer's liability under this policy shall not be reduced by the existence of such other insurance.

## CERTIFICATE HOLDER

nancy.wheelock@iowa.gov

Iowa Department of Administrative Service  
Hoover State Office Building, Floor 3  
Nancy Wheelock  
1305 East Walnut Street  
Des Moines, IA 50319-0105

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Jack Pray/KAS2

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